## BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD FOR PROVI	IDTING BACK	GROOMD SOOMD EFFECT	FOR MOBILE PROVE					
Fill in Appropriate	the specification of whi	ch is attached	hereto. If not attached here	to,		••			
Information -	the specification v	vas filed on _				as			
For Use Without	United States App	olication Num	ber		(if applicable	and/or			
Specification	and amended on_	C1 1			(n uppneadic	as PCT			
Attached:	the specification v		and was						
	International App	(if ap	(if applicable)						
	International Application Number								
	and address amondment referred to above								
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal								
	Regulations, .56.	America before my or	our invention						
	Regulations, .56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one								
	thereof, or patented or described in any printed publication in any printed problems of the proof of this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the								
	date of this application in any country foreign to the United States of America on an application filed by me or my leg								
	date of this application in any country foreign to the United States of America of an application, and that no application representative or assigns more than twelve months (six months for designs) prior to this application, and that no application patent or inventor's certificate on this invention has been filled in any country foreign to the United States of America prior								
	patent or inventor's certificate on this invention has been filled in any country foreign to the United States of America prior to the								
	application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, 19(a)-(d) of any foreign application(s) for patent								
	application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, 19(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
	a filing date before that	<b></b>	n i i Glatara						
	Prior Foreign Applic	cation(s)			Priority (	Llaimed			
Insert Priority									
Information:	(Niumbor)	(Country	(z)	(Month/Day/Year Filed)	Yes	No			
(if appropriate)	(Number)	(Country	")	(Monay Day) Year 1 man)	_	_			
					_ 🗆				
	(Number)	(Country	y)	(Month/Day/Year Filed)	Yes	No			
	,	` '	•						
		<del></del>	<del></del>	(Month/Day/Year Filed)	Yes	No			
	(Number)	(Country	y)	(Month/Day/Tear Flied)	163	140			
					🗆				
	(Number)	(Country	y)	(Month/Day/Year Filed)	Yes	No			
	I haveby daim the hone	ofit under Titl	35 United States Code	19(e) of any United States provis	sional applications(s) li	sted below.			
	I hereby claim the benefit under Title 35, United States Code, 19(e) of any United States provisional applications(s) listed below.								
Insert Provisional					<del> </del>				
Application(s):	(Application Number)			(Filing Date)					
(if any)			•						
	(Application Number)			(Filing Date)					
	(Application Carried)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to								
	the Filing Date of This	Application.							
	Country		Application Number	Date of Filing	(Month/Day/Year)				
	,								
Insert Requested		<del></del>		<del></del>					
Information:			•						
(if appropriate)	The second secon								
	I hereby claim the benefit under Title 35, United States Code, 20 of any United States and/or PCT application(s) listed below and,								
	insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, 12, I acknowledge the duty to disclose								
	information which is material to the natentability as defined in Title 37, Code of rederal Regulations, Jo which became available								
	between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S.			·						
	(Application Number)		(Filing Date)	(Status - paten	ited, pending, abandon	ed)			
Application(s): (if any)	(Application realiber)		/ · <b>σ</b> - ·γ	` 1					
						- 4\			
?	(Application Number)		(Filing Date)	(Status - paten	ited, pending, abandon	iea)			
Page 1 of 2 (Rev. 12/19/01)									

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	_	DATE*				
ud Name of First or Sole Inventor: spert Name of Inventor Inventor Sert Date This Document is Signed	HONG CHI-JEN (FAMILY NAME: HONG)	Hong Chi-	len	SEPTEMBER 1, 2003				
sert Residence	Residence (City, State & Country)		CITIZENSHII	P				
nsert Citizenship →	SAME AS MAILING ADDRESS	TAIWAN, R.O.C.						
nsert Mailing Address →	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)	<u> </u>					
,	3F, NO. 7, LANE 49, HSING CHENG RD., TU CHENG CITY, TAIPEI HSIEN, TAIWAN, R.O.C.							
uff Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHII	P				
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)	<u> </u>					
ulf Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHII	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	<u> </u>	CITIZENSHI	ZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
2				<u> </u>				

Page 2 of 2 (Rev. 12/19/01)

\*DATE OF SIGNATURE